
HEALTH REQUIREMENTS

Initial Medical Exam

Every child entering foster care must receive a comprehensive medical examination, including a behavioral/mental health screening, within 30 calendar days from the date the child entered into an out-of-home placement, regardless of the date of the last physical examination; see [Initial Medical Exam Process Flow Job Aid](#) for sequence of actions, responsible staff, and time frames.

Children re-entering foster care after case closure must receive a full medical examination within 30 days of the new placement episode.

Hospitalization Exception

Children who are hospitalized during the timeframe for initial medical and dental exams are excluded from the requirements until the child is discharged from the hospital. Physicians cannot complete routine health exams for a hospitalized child. Obtain hospital medical records to document the child's health conditions, treatment, and discharge recommendations.

The hospital exception applies only for the first out-of-home placement. Upon discharge and subsequent out-of-home placement, the timeframes for the initial medical and dental exams commence.

Yearly Medical Exam

Yearly medical exams are required for children, youth, and young adults ages three through 20 years who are placed in an out-of-home placement and continue upon return home. The yearly medical exam may occur up to 14 months from the previous medical exam to accommodate physician scheduling and insurance coverage requirements.

Children under three years of age require more frequent medical exams; see the periodicity schedule outlined below in *EPSDT/Well Child Exam, Periodicity Schedule* for the required exam frequency.

**EPSDT/Well Child
Exam**

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is the child health component of Medicaid. Federal regulations require state Medicaid programs EPSDT to eligible Medicaid beneficiaries under 21 years of age. The EPSDT program follows the standards of pediatric care at specified intervals as defined in the current American Academy of Pediatrics Periodicity Schedule to meet the special physical, emotional, and developmental needs of Medicaid eligible children.

As specified in federal regulations, the screening component includes a general health screening most commonly known as the EPSDT and/or well child exam. The required EPSDT/well child exam screening guidelines, based on the American Academy of Pediatrics' (AAP) recommendations for preventive pediatric health care, include:

- Health and developmental history.
- Height/weight measurements and age-appropriate head circumference.
- Blood pressure for children aged three and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and vaccinations.
- Blood lead testing for children under six years of age.
- Developmental and behavioral/mental health assessment.
- Nutritional assessment.
- Hearing, vision, and dental screenings.
- Health education including anticipatory guidance.
- Interpretive conference and appropriate counseling for the parent(s) or guardian(s) (for foster care purposes includes foster care providers).
- Additionally, objective developmental/behavioral, hearing, and vision screening and testing must be performed in accordance with the Medicaid policy and periodicity schedule. Laboratory

services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as required.

Periodicity Schedule

After the initial medical examination upon entering foster care, all children require an EPSDT/well child exam according to the periodicity schedule recommended by the AAP.

- For children under three years old, the periodicity schedule for EPSDT/well child exams is as follows:
 - Newborn - one week of age.
 - Four weeks of age.
 - Two months of age.
 - Four months of age.
 - Six months of age.
 - Nine months of age.
 - 12 months of age.
 - 15 months of age.
 - 18 months of age.
 - 24 months of age.
 - 30 months of age.
- Children aged three and older require the EPSDT/well child exam annually.

Dental Examination Schedule

Dental examinations are required for children one year of age and older, as follows:

- A dental examination within three months before entry into foster care or an initial dental examination must be completed not more than 90 calendar days after entry into a foster care out-of-home placement.
- A dental re-examination must be obtained at least every six months unless a greater frequency is indicated.
 - Children entering foster care under one year of age must have an initial dental exam within three months of the child's first birthday.

- The periodic dental exam schedule starts with the initial dental exam date or the initial dental exam due date, whichever is earlier. The term “periodic” dental visit/exam is used instead of six-month dental exam.
 - There will be a two-month grace period to complete the periodic dental exam. Six months between dental exams followed by two months in which the exam must be completed.

Note: Dental exams are to be completed by a dental practitioner, either a Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD).

While a medical practitioner may examine a child’s teeth and mouth during the EPSDT/well child exam, this is not a dental exam. If the physician recommends a dental examination for the child, this recommendation must be followed, regardless of the age of the child.

Note: Parental inclusion in all the child's health care appointments is to be encouraged and supported; see *parental involvement in child's health care* in this policy item.

Medical and Dental Exam Documentation

Documentation of the completed required medical (initial, periodic, and yearly) and dental exams for children in foster care must be entered into the Health Profile within the electronic case management record.

The standard forms providing the required documentation are:

- Medical Exams
 - Michigan Department of Health and Human Services (MDHHS) Well Child form.
 - Medical provider EPSDT/Well Child Exam form.
 - Medical provider electronic medical records (EMR).

Note: Per MDHHS Medicaid provider policy, the medical provider exam form and EMR are to include all elements of the MDHHS Well Child Exam form.

- Dental Exams
 - DHS-1664, Youth Dental Exam.
 - Dental provider exam form.

Alternative documentation permissible for medical and dental exam entries in the electronic case management record include:

- Explanation of Benefits (EOB) statements.
- Claim/encounter data from CareConnect 360.
- MDHHS-5338, Foster Care Well Child Exam/EPSTD Appointment Verification form (for medical exams only).

The three alternative types of documentation allow entry of the completed medical and dental exams in the electronic case management record. The actual exam form (or allowable provider form) must be obtained from the health care provider to ensure recording of identified health conditions and treatment and to facilitate follow-up services.

For more information regarding alternative documentation, refer to the job aid, Medical and Dental Documentation in the electronic case management system.

DHS-Pub-268

In addition, the child's parent(s), foster parent(s) and relative caregiver(s) play a crucial role in ensuring children and youth have timely access to medical and dental care. The DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, provides caregivers with an easily accessible reminder of the foster care health requirements and guidance in accessing medical and mental health care. The DHS-PUB-268 contains information for caregivers regarding:

- Health requirements for children in foster care.
- Behavioral/mental health services.
- Assistance in scheduling and accessing appointments.

The DHS-PUB-268 is provided to all MDHHS and private child placing agency homes upon licensure through the monthly mailing of the MDHHS licensed home welcome letter.

Children's protective services (CPS) workers and juvenile justice specialists must provide the DHS-PUB-268 to all relative caregivers upon placing children with their relatives after removal. This

process ensures that the relative caregiver(s) has immediate access to the foster care health requirements and guidance in scheduling appointments and obtaining health care services.

The assigned caseworker must review the DHS-PUB-268 with the foster parent(s) or relative caregiver(s) at the first home visit after the child's placement in that home. When placing children into the home of another relative (after initial placement), the assigned caseworker must provide the new relative caregiver(s) with the DHS-PUB-268.

Required Medical and Dental Exams and Placements

The medical and dental exams described above are required for children placed in out-of-home settings and continue upon return own home. **The first out-of-home placement, even if for only one night, triggers the initial medical and dental exam requirements and due dates.**

All requirements for timely completion of medical and dental examinations apply when:

- A child is in an out-of-home placement.
- A child returns to parental home or is placed with other parent (non-offending) after placement in out-of-home care.
- A child is placed with a guardian after placement in out-of-home care.
- A child is placed in an adoptive home, until the final order of adoption.

The medical and dental examination requirements, after return home, continue if a child remains under the wardship of the court and supervision of MDHHS.

Note: At the onset of the case, if the court dissolves the legal guardianship, but allows the child to remain in the home, the placement is an out-of-home placement.

**Medical and Dental
Exams - Not
Required**

Medical and dental requirements are not applicable if the child is not placed in an out-of-home setting, and one of the following exists:

- Child remains in their home with a parent under court jurisdiction.
- Child is immediately placed with a parent.
- Child remains in their home with a legal guardian under court jurisdiction. The court has not dissolved guardianship.

**Foster Care Re-
Entry**

Children re-entering foster care and placed in an out-of-home setting after case closure must receive a full medical examination within 30 days of this new placement episode; see *Initial Medical Exam* in this policy item.

**Young Adults
Aged 18 Years and
Older**

Initial and yearly medical and dental exams are required for older foster care young adults (ages 18 and older).

Young Adult Voluntary Foster Care (YAVFC) Youth

Youth entering YAVFC by extending an open foster care case continue to follow the youth's current yearly medical and dental exam requirements as established in foster care.

Youth entering/re-entering YAVFC after case closure require an initial medical exam within 30 days. The initial dental exam is required as outlined under *Dental Examination* in this policy item.

Youth Refusal

If a young adult aged 18 or older refuses to participate in medical and dental exams, a DHS-1147, Foster Care Youth Services Refusal, form must be completed. The DHS-1147 is completed with

the youth to provide health care access and services information to meet the youth's health needs. Youth signature is required.

For more information, see the job aid, [DHS-1147, Foster Care Youth Services Refusal](#).

Children from Other States

The Michigan foster care health requirements do not apply to out of state children placed in Michigan. The caseworker from the child's home state provides the necessary medical, dental, and mental health standards for the child's health care while placed in Michigan.

Caseworker Role

At all times, while the child remains under court wardship and MDHHS supervision, regardless of placement setting, the caseworker must assess and document the child's current health status. The caseworker must:

- Actively engage and support the parent(s)/legal guardian(s) in meeting the child's medical, dental, developmental, and mental health needs.
- Monitor and encourage parental involvement in the child's health care treatment and services.
- Notify and assist the parent(s) in fully participating in all health care appointments.
- Notify and inform the parent(s)/legal guardian(s) of changes in the child's health status and follow-up treatment recommended or required by health care providers in a timely manner.
- Encourage and assist facilitation of all routine medical and dental care, including the required initial, periodic, and yearly medical and dental exams. Assist parent(s)/legal guardian(s) with resolving barriers and challenges arising from child's health needs.
- Document medical, dental, developmental, and mental health conditions, appointments, services and treatment in case service plans, medical passport and within the Health Profile section of the electronic case management record.

Emergency Care

The child's parent(s)/legal guardian(s) must be notified immediately in all cases of medical emergencies. Information from the emergency department discharge papers, such as the diagnosis, prescribed medications, and follow-up care is documented in the electronic case management record Health Profile section. Upload the discharge document into the electronic case management record.

Follow-up Health Care

The caseworker is responsible for reviewing the information within the child's well child exam form, the DHS-1664, Youth Health Record, Dental form, and other medical, dental, and mental health reports and/or assessments. If follow-up medical or dental care or mental health treatment is recommended, the caseworker must ensure that the recommendations are followed. Additionally, follow-up recommendations received from emergency room or urgent care visits require that the caseworker ensure treatment recommendations are followed by the foster care provider.

Follow-Up Documentation Requirement

All follow-up recommendations and ensuing treatment must be documented in the electronic case management record Health Profile section within the appointment details screen under the appointments tab. The follow-up question must be answered by checking the applicable box and entering follow-up information in the additional explanation field. This information populates within the case service plan.

**Lead and Copper
Action Level
Exceedance (ALE)**

When lead and copper ALE is issued for a water supply, a list of all impacted placements of children supervised by MDHHS in the area served by that water supply is sent to the county director by the child welfare medical and behavioral health division. Purchase of service monitors must notify the private agency worker when they are supervising a case that is on the list.

The list is prepared at the time of the initial notification. For placements made after the initial notice, the county is responsible

for notification to those new placement settings until the ALE is lifted.

The Division of Child Welfare Licensing will notify child caring institutions (CCI) when there is an ALE and provide recommendations to address the ALE.

Lead ALE

The assigned worker, public or private, must:

- Contact the caregiver(s) to discuss the need for a water filter, assist with securing one, and to discuss the need to flush the pipes regularly.
- Check that a water filter is being used and the pipes are being flushed every six hours when conducting the monthly home visit.
- Instruct the caregiver(s) to notify the primary care physician at the next medical appointment the child is placed in a home with lead ALE.

Copper ALE

The assigned worker, public or private, must:

- Contact the caregiver(s) to discuss the need to flush pipes regularly.
- Check that pipes are being flushed every six hours when conducting the monthly home visit.

Blood Lead Level Testing Children Under Age Six

Michigan Medicaid policy requires all Medicaid enrolled children have a blood lead level test (BLL) at 12 and 24 months of age, or between 36 and 72 months of age, if not previously tested. Caseworkers are required to ensure children within this age range have a BLL test. The Michigan Care Improvement Registry (MCIR) may include the child's BLL testing results. Unless previous documentation exists, prior to the child's next required EPSDT/well child exam, the caseworker must request the child's MCIR record be verified by the local health liaison officer (HLO) to confirm that BLL testing occurred.

If the MCIR does not include BLL results, the caseworker must follow-up with the child's physician to determine if BLL testing has occurred. If BLL testing results are not found within MCIR or physician records, the caseworker must make efforts to ensure testing occurs at the next required EPSDT/well child exam.

Documentation and Follow-up of BLL results

The child's BLL test results (from MCIR or physician's office) are to be documented in the Health Profile section in the electronic case management record. The paper copy of BLL test (if applicable) is downloaded into the electronic case management record Health Profile section.

If the BLL results indicate the need for health services and other interventions, the caseworker must ensure all follow-up is provided and document all treatment provided under the electronic case management record appointments.

Chronic Health Concerns

Health services for children with chronic health care needs, such as children identified as medically fragile and/or within the Children's Special Health Care Services (CSHCS) program require ongoing follow-up by the caseworker.

Caseworker Contact with Health Care Providers

For children with chronic, ongoing health conditions, caseworkers must contact the child's health care provider as recommended by the specific provider to solicit their view of the child's medical status. Feedback from physicians and other health care service professionals treating the child must be obtained and incorporated in each service plan. The caseworker must discuss the information provided by the health care provider with the child's parent(s) and foster care provider. Contacts must be documented in the social work contacts and the information obtained must be detailed in the medical, dental, mental health section of the service plan; see [FOM 722-06H, Case Contacts](#).

All hospitalizations, emergency room, and urgent care visits must be documented in the case service plan and medical passport. The caseworker must obtain and review the hospital discharge report. The information within the report is to be discussed with the child's parent(s) and foster care provider. Scan and upload the discharge

report into the electronic case management record and file in the medical section of the case file.

DOCUMENTATION OF HEALTH REQUIREMENTS

All health requirements are to be documented and maintained as indicated below.

Paper Documents and Forms

All paper documents and/or forms, reports, and records as related to the child's health are maintained as documentation of the child's health status by:

- Uploading the documents into Health Profile section of the electronic case management record **and**
- Filing documents in the Medical Records Section of the child's case file.

The documents included in the uploading and filing process are as follows:

- Age-specific well child exam form or other approved alternatives as indicated in this policy.
- DHS-1664, Youth Health Record, or applicable alternative form.
- Medical Passport, signature pages only.
- Copy of Serious Emotional Disturbance Waiver (SEDW), if applicable.
- Immunization record, including waivers or parental refusal for immunizations (as applicable).
- Copy of child's Medicaid card.
- Copy of DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, for initial and each subsequent placement.
- Copy of Medicaid Health Plan member card (as applicable).

- Copy of private health insurance card (as applicable).
- Copies of mental health services, such as child's psychiatric and/or psychological evaluations and any other mental health assessments.
- Hospital records and discharge summaries.
- Reports and assessments from specialty clinics, such as trauma, neurology, fetal alcohol spectrum disorder, etc.

**Electronic Case
Management
Record
Documentation**

Health Profile Section Information

- Information entered into the electronic case management record Health Profile section populates or downloads into the case service plan (Initial Service Plan, Updated Service Plan, and/or Permanent Ward Service plan).
- Medical Passport.

The screens within the electronic case management record Health Profile section are to be completed with all relevant health information to enable caseworkers, foster parents, parents, and health care providers to manage the child's health care needs appropriately and to report the child's well-being to the court.

The information in the electronic case management record Health Profile is to include the following:

- Required medical and dental exams.
- Diagnoses.
- Health appointments/office visits, including mental health services and medication reviews.
- Hospitalizations.
- Chronic conditions.
- Allergies.

- Medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
- Emergency treatment.
- Immunization record.
- Description of any needed health follow-up treatment and appointments. Refer to Follow-Up Health Care section in this item.

CareConnect 360

The child's health status, medical needs, and health care providers prior to entering foster care may be found in CareConnect 360. Caseworkers and supervisors must review CareConnect 360 to ensure that the child's current health information (if available) is considered for placement and provided to the foster care provider.

LEGAL BASE

Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622

State Law

Probate Code, 1939 PA 288, MCL 712A.13a(16)

The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.

The Child Care Organizations Act, 1973 PA 116, MCL 722.124a

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox \(Child-Welfare-Policy@michigan.gov\)](mailto:Child-Welfare-Policy@michigan.gov).